

**3281** **UTILITY  
PATENT APPLICATION  
TRANSMITTAL**

(Only for new nonprovisional applications under 37 CFR 1.53(b))

Attorney Docket No. 247190US2SX

First Inventor or Application Identifier Kazuhiko TAIKA, et al.

Title INFORMATION RECORDING MEDIUM, INFORMATION REPRODUCTION APPARATUS, AND INFORMATION REPRODUCTION METHOD

10/748304  
USPTO  
108101US  
PTO**APPLICATION ELEMENTS**

See MPEP chapter 600 concerning utility patent application contents

- |  |              |     |
|--|--------------|-----|
| 1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g. PTO/SB/17)<br>(Submit an original and a duplicate for fee processing)  |              |     |
| 2. <input checked="" type="checkbox"/> Specification   | Total Sheets | 218 |
| 3. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113)  | Total Sheets | 100 |
| 4. <input checked="" type="checkbox"/> Oath or Declaration   | Total Pages  | 3   |
| a. <input checked="" type="checkbox"/> Newly executed (original)   |              |     |
| b. <input type="checkbox"/> Copy from a prior application (37 C.F.R. §1.63(d))<br>(for continuation/divisional with box 17 completed)  |              |     |
| i. <input type="checkbox"/> DELETION OF INVENTOR(S)<br>Signed statement attached deleting inventor(s) named in<br>the prior application, see 37 C.F.R. §1.63(d)(2) and<br>1.33(b). |              |     |
| 5. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer<br>Program (Appendix)   |              |     |
| 6. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission<br>(if applicable, all necessary)   |              |     |
| a. <input type="checkbox"/> Computer Readable Form (CRF)   |              |     |
| b. Specification or Sequence Listing on :  |              |     |
| i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or  |              |     |
| ii. <input type="checkbox"/> Paper   |              |     |
| c. <input type="checkbox"/> Statements verifying identity of above copies  |              |     |

## 17. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below:

 Continuation     Divisional     Continuation-in-part (CIP)    of prior application no.:

Prior application information: Examiner: Group Art Unit:

For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 4b, is considered a part of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

**18. CORRESPONDENCE ADDRESS**

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13281  
123103

Docket No. 247190US2SX

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

INVENTOR(S) Kazuhiko TAIRA, et al.

SERIAL NO: New Application

FILING DATE: Herewith

FOR: INFORMATION RECORDING MEDIUM, INFORMATION REPRODUCTION APPARATUS, AND INFORMATION REPRODUCTION METHOD

## FEE TRANSMITTAL

COMMISSIONER FOR PATENTS  
ALEXANDRIA, VIRGINIA 22313

FOR	NUMBER FILED	NUMBER EXTRA	RATE	CALCULATIONS
TOTAL CLAIMS	12 - 20 =	0	x \$18 =	\$0.00
INDEPENDENT CLAIMS	6 - 3 =	3	x \$86 =	\$258.00
<input type="checkbox"/> MULTIPLE DEPENDENT CLAIMS (If applicable)			+ \$290 =	\$0.00
<input type="checkbox"/> LATE FILING OF DECLARATION			+ \$130 =	\$0.00
			BASIC FEE	\$770.00
			TOTAL OF ABOVE CALCULATIONS	\$1,028.00
<input type="checkbox"/> REDUCTION BY 50% FOR FILING BY SMALL ENTITY				\$0.00
<input type="checkbox"/> FILING IN NON-ENGLISH LANGUAGE			+ \$130 =	\$0.00
<input checked="" type="checkbox"/> RECORDATION OF ASSIGNMENT			+ \$40 =	\$40.00
			TOTAL	\$1,068.00

- Please charge Deposit Account No. 15-0030 in the amount of **\$0.00** A duplicate copy of this sheet is enclosed.
- A check in the amount of \_\_\_\_\_ to cover the filing fee is enclosed.
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- The Director is hereby authorized to charge any additional fees which may be required for the papers being filed herewith and for which no check or credit card payment is enclosed herewith, or credit any overpayment to Deposit Account No. 15-0030. A duplicate copy of this sheet is enclosed.

Respectfully Submitted,

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